

[Provider Name]
[Provider Address]

Work Order

W.O. No: 111-1010

[Customer Name] ⁵⁰	Map Code	Dwelling type	Look-up	Account No. ⁵²
[Customer Location] ⁵⁴	0010	SGL FAM	AERIAL	0444267843
Phone: 123-345-5678	Caller	Sales Rep.	Sched. Date	Print Date
	AUTO GEN	20404	ANY	10/01/2003

WORK TO BE PERFORMED

Quantity	Description	Charge	Converter	Current Balance
1	NONPAY DISCONN	N/A	N	56
				59.77
				Current Amount
				42.57
				Delinquent Amount
				17.20
				58
				Delinquent Days
				42

Fig. 2

DATE

URGENT

Dear Valued [Provider] Cable Customer,
Your cable TV service has been disconnected.

If you wish to have your cable service reconnected and **avoid paying up to \$27.50 for reconnection**, please contact the [Provider] representative at the phone number below as soon as possible.

Since you were not here, I didn't disconnect your cable service today. To stop the disconnect, I'll need to pick-up the back balance that's due. Because it's too late to pay thru the office, I'll come back again tomorrow to pick-up payment or disconnect them. if you won't be home tomorrow, please tape a check or money order to your door for me before you leave.

Amount due I can accept phone payments with Visa, Mastercard, American Express or Discover. Thanks!

[Telephone Number]
[Name of Specialist]

[Provider Name/Logo]

Fig. 3

DATE

URGENT

Dear Valued [Provider] Cable Customer,
Your cable TV service has been disconnected.

If you wish to have your cable service reconnected and **avoid paying up to \$27.50 for reconnection**, please contact the [Provider] representative at the phone number below as soon as possible.

To reconnect service without the fee, please call me before 10am Monday. I'll need to pick-up the minimum payment below to restart your cable service. If you have cable boxes and don't want the service reconnected at this time, please call me to pick them up. You will avoid being charged up to \$500 for each converter.

Minimum needed I can accept phone payments with Visa, Mastercard, American Express or Discover. Thanks!

Total Balance [Telephone Number]
[Name of Specialist]

[Provider Name/Logo]

Fig. 6

Fig. 4

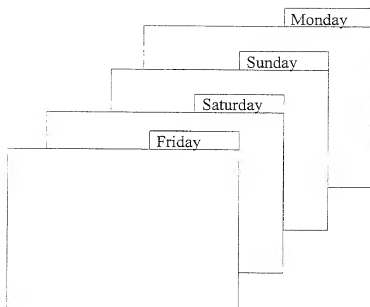


Fig. 5

